Name in Full — Certificate of Death

Mary Ann Butler

Died at Town: Brunswick — County: Mark — MARYLAND

Date 1899 — Month: 7 — Day: 1 — Age: Y. 85. M. D. — Native of: Md — Occupation: Housewife

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living: 5

~~Husband~~ / Wife of Barton Butler

Father's Name: Edward Garnett — Mother's Name: Mary A

Cause of Death — Primary: Heart failure — How long sick: 40 Hrs

Immediate — 1556 — Accident, Suicide, Homicide

Reported by: J. T. Yonter. M D

Address: Brunswick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6F0.6

Name in Full — Certificate of Death

Abraham Brooks

Died at — Town: Hagerstown — County: Washington — MARYLAND

Date 1899 — Month: July — Day: 27 — Age: Y. 56 M. 3 D. 12 — Native of: Md — Occupation: Laborer

Male — ~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — Single — Widower — ~~Number of children~~ living

Husband of Wife

Father's Name — Mother's Name 57

Cause of Death — Primary: Valvular Heart Trouble — How long sick: 3 months

Immediate — Accident, Suicide, Homicide

Reported by: Ed Wareham

Address: Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Ginnie Bywater

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month July Day 10 Age Y. 16 M. D. Native of Md Occupation Servant

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored Single Widower Number of children living 1

Husband of Wife

Father's Name Wm Bywater

Mother's Name Lizzie Bywater

Cause of Death Primary Pregnancy

Immediate Uraemia

121

How long sick 2 days

Accident, Suicide, Homicide

Reported by F. N. Emmert M.D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. [illegible]

Name in Full Mary Ann Bynum

Certificate of Death

Died at Town B Creek County Washington MARYLAND

Date 1899 Month Day July 25 | Age Y. 72 M. — D. | Native of Md | Occupation Housewife

~~Male~~ Female | White Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 9

~~Husband~~ Wife of Eli Bynum

Father's Name James Heard | Mother's Name Mary Heard

Cause of Death: Primary 22e | How long sick 1 year

Immediate Consumption of Bowels | Accident, Suicide, Homicide

Reported by Bruning & Dost

Address Boonsboro

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Attended by Dr. S. Lipkin Davis

of Bogalsboro

~~Seen by Coroner~~ Needed not attend her in her last sickness.

~~of~~

Information contained in this certificate received

from Charles Dyrum

of Of Brown Creek

Name in Full Joseph Coyer

Certificate of Death

Died at Town Hagerstown County Wash MARYLAND

Date 1899 Month July Day 17 | Age Y. 26 M. - D. - | Native of Md | Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife ——— ———

Father's Name James H. Mother's Name don't know

Cause of Death: Primary Typhoid fever — How long sick 10 w/ks

Immediate Mtg perf. & Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by Wm Preston Miller

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65668

Name in Full David W. Cressler

Certificate of Death

Died at Town near Hagerstown County Washington MARYLAND

Date 189 9 Month 7 Day 14 Age Y. 37 M. — D. — Native of Pa Occupation Wholesale Druggist

Male ~~Female~~ White ~~Colored~~ Married Single Widow ~~Widower~~ Divorced Number of children living 2

Husband of
Wife

Father's Name David A. Cressler Mother's Name Mary W. Clem

Cause of Death — Primary: Cancer of Bowels — How long sick: one year

Immediate: Exhaustion 25 C — ~~Accident, Suicide, Homicide~~

Reported by J M C Scott

Address Hagerstown, [redacted]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7P88R

Name in Full James H. Elgin

Certificate of Death

Died at Near Town Keep Tryst County Washington MARYLAND

Date 189 9 Month 7 Day 27 Age Y. 83 M. 3 D. 11 Native of Virginia Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of Wife

Father's Name William S. Elgin

Mother's Name Mary Elgin

Cause of Death: Primary Senility; Immediate Dysentery

84

How long sick 10 days

Accident, Suicide, Homicide

Reported by Dr. Fisk Elgin

Address Brunswick Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Record 8-1 99
4,40 P,M_

Name in Full: Elmer Leroy Fisher

Certificate of Death

Died at — Town: Hagerstown — County: Washington — MARYLAND

Date 1899 — Month: July — Day: 19 — Age: Y. 0 M. 11. D. 1. — Native of: Md. — Occupation: Child

Male — White — ~~Married~~ — Widow — Divorced

~~Female~~ — ~~Colored~~ — Single — Widower — Number of children living

Husband of Wife

Father's Name: Edw. Benton Fisher — Mother's Name: Carrie Duckworth

Cause of Death — Primary: Meningitis — How long sick: 4 weeks

Immediate: Coma — 39a — ~~Accident Suicide Homicide~~

Reported by: W. B. Morrison

Address: Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mary Neoma Gouff

Died at Town Keedysville County Washington MARYLAND

Date 1899 Month July Day 22 Age Y. 1 M. 6 D. 17 Native of Md. Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Edward E. Gouff Mother's Name Rosa May Rohrer

Cause of Death Primary Abscess of Gum How long sick Two days

Immediate Convulsions 128 ~~Accident, Suicide, Homicide~~

Reported by N. M Hendricks MD.

Address Keedysville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name In Full Rose Ann Grove

Certificate of Death

Died at Town Hagerstown — County Washington MARYLAND

Date 189 9 Month 7 Day 16 | Age Y. 66 M. — D. | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 4

~~Husband~~ of Wife Daniel Grove

Father's Name John Hartman | Mother's Name Catharine Rohrer

Cause of Death: Primary Chronic Nephritis 9 Yrs | How long sick 8 Mo's

Immediate Coma - Paralysis | ~~Accident, Suicide, Homicide~~

Reported by J. D. Scott

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79593

Name in Full — Certificate of Death

Frank Hersh Infant

Died at Town: Kemps Mill County: Was MARYLAND

Date 1899 Month: July Day: 1 | Age Y. 1 M. - D. - | Native of Town | Occupation ~~Butcher~~

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband / Wife of Infant of

Father's Name Frank Hersh | Mother's Name Fannie Funk

Cause of Death — Primary: Born Dead | How long sick

Immediate | ~~Accident, Suicide, Homicide~~

Reported by Parents | C. F. Kyles

Address Hagerstown Md | Undertaker Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73893

Attended by Dr. C. Theo Boose

of Williamsport Md

Seen by Coro[illegible]

of

Information contained in this certificate received from

of

Name in Full Catherine Regina Hunnelsine

Certificate of Death

Died at Town Hagerstown County Wash Co MARYLAND

Date 1899 Month July Day 3 | Age Y. - M. 3 D. — | Native of Md. | Occupation Child

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Leonard E. Hunnelsine

Mother's Name Catherine Moore.

Cause of Death: Primary Gastroenteritis 82 | How long sick 2 Mos.

Immediate Hydrocephalous. Cachexia | ~~Accident, Suicide, Homicide~~

Reported by W B Morrison M D

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Solomon Jacob Keller

Died at Town Funkstown, County Washington Co. MARYLAND

Date 1899 Month July Day 21 Age Y. 58 M. 11 D. 6 Native of Md. Occupation Farmer

Male / ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower X ~~Divorced~~ Number of children living 1

Husband ~~Wife~~ of Clara A. Stonebraker.

Father's Name Jno Keller Mother's Name Betsie Newcomer.

Cause of Death: Primary Tuberculer Peritonitis How long sick 66 day.

Immediate Heart Exhaustion 22 d

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr F. D Newcomer

Address Funkstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, SERIES

Name in Full | Certificate of Death

Benjamin Lee

Town | County

Died at Hagerstown | Wash | MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 189 9	July	28	Age	66	—	—	Md	Labour

Male | White | ~~Married~~ Married | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living 2

Husband / Wife of Elizabeth Lee

Father's Name Don't know | Mother's Name Don't know

Cause of Death: Primary Angina pectoris 5-8 | How long sick 1 week

Immediate Exhaustion | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Wm Phelan Miller

Address Hagerstown Md.

Must be signed by physician, if any in attendence, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mrs Amelia McLaughlin.

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month July Day 6 Age Y. 93 M. D. Native of Md Occupation

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living 1

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Senility 141 How long sick

Immediate Accident, Suicide, Homicide

Reported by G E Murray M D

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full John Miller — Certificate of Death

Died at Town Fairplay County Washington MARYLAND

Date 189 Month July Day 10 — Age Y. 80 M. 8 D. 26 — Native of Penn — Occupation Wagon Maker

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ / ~~Widow~~ / Widower / ~~Divorced~~ — Number of children living 2

~~Husband~~ / ~~Wife~~ of

Father's Name John Miller — Mother's Name Elisabeth Snyder

Cause of Death — Primary Bronchitis 70 — How long sick 4 mos

Immediate Pulmonary Oedema — ~~Accident, Suicide, Homicide~~

Reported by W. M. Reichard M. D.

Address Fairplay Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Chas. Edward Moore

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 Month July Day 15 | Age Y. - M. - D. 9 | Native of Hagerstown | Occupation Child

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Chas A Moore

Mother's Name Laura E. Moore

Cause of Death: Primary Premature Birth

Immediate

138b

How long sick

~~[illegible]~~ Homicide

Reported by J. E. Pitsnogle

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Margaret Morgret

Died at near Town Hancock County Washington MARYLAND

Date 189	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	7	30		99	11	18		

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living

~~Husband~~ Wife of Job Morgret

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by ~~Courier~~ Federalsburg Courier 8-6-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name in Full — Certificate of Death

Mary A. Myers

Died at Town: Leitersburg County: Washington MARYLAND

Date 1899 Month: July Day: 12 | Age Y. 1 M. 0 D. 2 3 | Native of Md. | Occupation

~~Male~~ / Female — White / ~~Colored~~ — Married / Single — ~~Widow~~ / ~~Widower~~ — Divorced / ~~Number of children living~~

~~Husband~~ / ~~Wife~~ of

Father's Name: Jacob Myers — Mother's Name: Annie Myers

Cause of Death — Primary: Acute Indigestion — How long sick: 16 days

Immediate: Spasms 82 — Accident, Suicide, ~~Homicide~~

Reported by J. H. Wishard M. D.

Address Leitersburg Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65966

Name in Full

Certificate of Death

Susan Hyman

Died at Boonsboro (Town) Washington (County) MARYLAND

Date 189 9 July 29 | Age 71 Y. — M. — D. | Native of Md | Occupation

~~Male~~ Female | White | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~

Husband of Wife

Father's Name Henry Hyman

Mother's Name Susanna Brantner

Cause of Death: Primary Valvular disease Heart 2 1/2 years

Immediate Paralysis - 57

How long sick

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by W. B. Wheeler Ed Sauer M. D.

Address Boonsboro Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Sarah Rebecca Shaw

Certificate of Death

Died at Town McCoys Ferry County Washin MARYLAND

Date 1897 Month 7 Day 20 Age Y. 37 M. 4 D. 6 Native of Maryland Occupation Housewife

~~White~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower Divorced

Number of children living 5

~~Husband~~ Wife of Jacob Shaw

Father's Name John Grooms Mother's Name Susan Ainsworth

Cause of Death: Primary Pulmonary Tuberculosis 22a How long sick 14 mo's

Immediate Pulmonary Hemorrhage

~~Accident~~, ~~Suicide~~, Homicide

Reported by C. T. Mason, M. D.

Address Clearspring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 63988

Name In Full

Certificate of Death

Susan Elizabeth Skeggs

Died at Town: Hagerstown County: Washington MARYLAND

Date 189 9 Month: July Day: 5th | Age Y. 65 M. D. | Native of Maryland | Occupation Housewife

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of William Skeggs - 20

Father's Name John Spielman | Mother's Name Susan E. Seedy

Cause of Death: Primary Malarial fever | How long sick six weeks

Immediate Uraemic poisoning ~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by Dr O H W Rogers

Address Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66868

Name in Full

Certificate of Death

Martin H. Snyder

Died at Town: W. Carmel County: Wash. MARYLAND

Date 1899 Month: July Day: 16 | Age Y. 64 M. — D. — | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 1

Husband ~~Wife~~ of Louisa Schildknecht

Father's Name Martin Snyder | Mother's Name Eliz. Snavely

Cause of Death — Primary: Inguinal Ulcer | How long sick 20 days

Immediate: Syphilis 14 | Accident, Suicide, Homicide

Reported by Dr S. S. Davis

Address Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79848

Name in Full

Certificate of Death

Joseph Wheeler

Died at Town Boonsboro County Washington MARYLAND

Date 189 7 Month July Day 25 | Age Y. 86 M. 6 D. 27 | Native of Md. | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband ~~Wife~~ of Lavenia Reynolds

Father's Name Joseph Wheeler | Mother's Name Maria Bond.

Cause of Death — Primary: Senifaligia 42 | How long sick 24 hours

Immediate: General debility | ~~Accident, Suicide, Homicide~~

Reported by Edgar S Smith M.D.

Address Boonsboro Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 58188